

NORTHWIND CIGARETTE TEST REPORT FORM

Use this form to record your opinion of Northwind cigarettes as soon as you are sure how you feel about them -- preferably after you have smoked both packs.

It will be easier for you -- when we phone you -- to have this report form handy to refer to when you answer our questions.

1. How do you feel about Northwind cigarettes -

(a) TASTE.	(<input type="checkbox"/>) Very Strong Taste	(<input type="checkbox"/>) Strong Taste	(<input type="checkbox"/>) Average Taste	(<input type="checkbox"/>) Mild Taste	(<input type="checkbox"/>) Very Mild Taste
(b) HOW DID YOU <u>LIKE THE TASTE</u> . . .	(<input type="checkbox"/>) Like It Very Much	(<input type="checkbox"/>) Like It Fairly Well	(<input type="checkbox"/>) It's Just OK	(<input type="checkbox"/>) Don't Like It Very Much	(<input type="checkbox"/>) Don't Like It At All
(c) HOW DID YOU LIKE <u>THE COOLNESS</u> . . .	(<input type="checkbox"/>) Like It Very Much	(<input type="checkbox"/>) Like It Fairly Well	(<input type="checkbox"/>) It's Just OK	(<input type="checkbox"/>) Don't Like It Very Much	(<input type="checkbox"/>) Don't Like It At All
(d) OVERALL...HOW DID <u>YOU LIKE THEM</u> ? . . .	(<input type="checkbox"/>) Like Them Very Much	(<input type="checkbox"/>) Like Them Fairly Well	(<input type="checkbox"/>) They're Just OK	(<input type="checkbox"/>) Don't Like Them Very Much	(<input type="checkbox"/>) Don't Like Them At All

2. What, if anything, did you dislike about the Northwind cigarettes?

3. What, if anything, did you like about the Northwind cigarettes?

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